

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10337342**

FILED DATE

APPLICANT(S)

CLAIMS											
AS FILED		AFTER TEXT AMENDMENT		AFTER SUB AMENDMENT							
NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP
1	1	1	1								
2											
3	1										
4	1										
5	1										
6											
7	6										
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50											
TOTAL NO.	1	1									
TOTAL DEP.	24	24									
TOTAL CLAIMS	30	30									